

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee O'Brien Garrett (formerly known as OMP Inc.)		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2016	
Mailing Address 1133 19th St. NW #300		Amount 2873.29	
City Washington	State DC	Zip Code 20036	Transaction ID : B617857
Purpose of Expenditure Printing of mail piece	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2016	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 25909.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee O'Brien Garrett (formerly known as OMP Inc.)		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2016	
Mailing Address 1133 19th St. NW #300		Amount 1133.27	
City Washington	State DC	Zip Code 20036	Transaction ID : B617858
Purpose of Expenditure Postage for mail piece	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2016	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 25909.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4006.56
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

[Electronically Filed]

Date

MM / DD / YYYY
07 / 15 / 2016

Signature